UTILITY PATENT APPLICATION TRANSMITTAL

First Inventor or Application Identifier Kaoru YAMAGUCHI, et al.

Attorney Docket No.

250451US3

(ONY	for ne	v nonprovisional applications under 37 CFR 1.53(b)) Title DENTAL MAGNE		NI AND PROCESS FOR		SAME
70				Commissioner for	Patents	
70	Sec	APPLICATION ELEMENTS MPEP chapter 600 concerning utility patent application contents	ADDRESS TO		pplication	PT0
1.		Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)		OMPANYING APPLIC		7 7998 7998
			7. 🗌 Assign	ment Papers (cover sh	eet & document(s));[
2.		Specification Total Sheets 42	8. 📕 Applica	ation Data Sheet. See	37 CFR 1.76	22857 10/
			9. 37 C.F. (when the	R. §3.73(b) Statemen ere is an assignee)	t □ Power of Attorney	
3.		Drawing(s) (35 U.S.C. 113) Total Sheets 3	10. English	n Translation Documer	nt <i>(if applicable)</i>	
				ation Disclosure nent (IDS)/PTO-1449	☐ Copies of Citations	IDS
4.		Oath or Declaration Total Pages	12. 🗆 Prelim	inary Amendment		
	a.	☐ Newly executed (original or copy)	13. White	Advance Serial No. Po	stcard	
	b.	□ Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)		ed Copy of Priority Doc n priority is claimed)	ument(s)	
		 i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 		ant claims small entity : CFR 1.27	status.	
5.		CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. Other:			
6.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
	a.	Computer Readable Form (CRF)				
	b.	Specification or Sequence Listing on :				
		i. ☐ CD-ROM or CD-R (2 copies); or				
		ii. Paper				ŀ
	C.	Statements verifying identity of above copies				
17.	If a	CONTINUING APPLICATION, check appropriate box, and supply				
,		Continuation Divisional Continuation-	n-part (CIP)	of prior application		
	Prior application information: Examiner: Group Art Unit:					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
18. CORRESPONDENCE ADDRESS						
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(703) 413-3000 FACSIMILE: (703) 413-2220						
	Name: C. Irvin McClelland			Registration No.:	21,124	
Signature: /Jmm Willand				Date:	3/15/04	
	Na	me:		Registration No.:		

Docket No.

250451US3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kaoru YAMAGUCHI, et al.

SERIAL NO:

New Application

FILING DATE: Herewith

FOR:

DENTAL MAGNETIC ATTACHMENT AND PROCESS FOR PRODUCING THE SAME

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED			NUMBER EXTRA	RATE			CALCULATIONS
TOTAL CLAIMS	14 -	20	=	0	х	\$18	=	\$0.00
INDEPENDENT CLAIMS	5 -	3	=	2	х	\$86	=	\$172.00
MULTIPLE DEPENDENT CLAIMS (If applicable)						\$290	=	\$290.00
■ LATE FILING OF DECLARATION						\$130	=	\$130.00
BASIC FEE							\$770.00	
TOTAL OF ABOVE CALCULATIONS							\$1,362.00	
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY								\$0.00
☐ FILING IN NON-ENGLISH LANGUAGE					+	\$130	=	\$0.00
☐ RECORDATION OF ASSIGNMENT					+	\$40	=	\$0.00
						TOTA	۱L	\$1,362.00

	A check in the amount of \$0.00 to cover the filing fee is enclosed.						
	Credit card payment form is attached to cover the filing fee in the amount of \$1,362.00						
	The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.						
	Respectfully Submitted,						
	OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.						
Dat	e: 3/15/04 Amm Worland C. Irvin McClelland						
	Registration No. 21,124						

☐ Please charge Deposit Account No. <u>15-0030</u> in the amount of \$0.00 A duplicate copy of this sheet is enclosed.

Customer Number

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